

SERIAL NUMBER 09/261,081	FILING DATE 03/02/99	CLASS 345	GROUP ART UNIT 2773 2779	ATTORNEY DOCKET NO. 17201-706
-----------------------------	-------------------------	--------------	---	----------------------------------

APPLICANT

KENNETH SOOHOO, REDWOOD SHORES, CA.

CONTINUING DOMESTIC DATA***

VERIFIED



371 (NAT'L STAGE) DATA***

VERIFIED

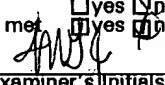
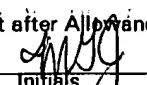


FOREIGN APPLICATIONS***

VERIFIED



IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/23/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 81
Verified and Acknowledged Examiner's Initials  Initials 				

SEE CUSTOMER NUMBER: 021971

ADDRESS

TITLE

ANTI-ALIASING SYSTEM AND METHOD

FILING FEE RECEIVED \$967	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-------------------------------------	---	---



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7286

SERIAL NUMBER 09/261,081	FILING DATE 03/02/1999 RULE	CLASS 345	GROUP ART UNIT 2675	ATTORNEY DOCKET NO. 17201-706	
APPLICANTS KENNETH SOOHOO, REDWOOD SHORES, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/23/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 6
ADDRESS 21971 WILSON SONSINI GOODRICH & ROSATI 650 PAGE MILL ROAD PALO ALTO, CA 94304-1050					
TITLE ANTI-ALIASING SYSTEM AND METHOD					
FILING FEE RECEIVED 967	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____		